



Initial Interview Notes

(Optional Guidance Document)



Client Name _____

Date _____

What services does the client report needing from VR to gain or maintain employment?

Describe the next steps in establishing eligibility:

- | | |
|--|---|
| <input type="checkbox"/> Presumptive eligibility; Verify SS benefits | <input type="checkbox"/> Client has docs to establish eligibility |
| <input type="checkbox"/> Request medical records | <input type="checkbox"/> Medical evaluation needed |
| <input type="checkbox"/> Psychological evaluation needed | |
| <input type="checkbox"/> Other _____ | |

Client's knowledge skills and abilities

| | |
|--|--|
| Employment-related | Computer-related Skills; Computer Literacy |
| Degrees/Certifications/Licenses | Interpersonal Skills/Soft Skills |
| Ability to read, write and speak English | Other |

Hobbies and Career Interests

| |
|--|
| |
|--|



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Current living situation and support system?

Family, Extended Family, Community Supports:

Transportation

☐ Driver's license ☐ Able to use public transportation ☐ Access to a vehicle

Other _____

Legal History

Probation/Parole ☐ Yes ☐ No Completion Date: _____

Probation/Parole Officer's Name: _____ Phone Number: _____

Restrictions: _____

After-Care: _____

| Felony | Mis. | Charge | Approximate Date | Jail/Prison |
|--------|------|--------|------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Additional Info:

Substance Abuse

How long have/did you use drugs and/or alcohol?

| Drug(s) of choice? | Frequency of use? | Last date used? |
|--------------------|-------------------|-----------------|
| 1. | 1. | 1. |
| 2. | 2. | 2. |
| 3. | 3. | 3. |
| 4. | 4. | 4. |



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Are you willing to receive treatment? ☐ Yes ☐ No Additional Info:

Disability Identification:

What is the reported disability and how does the disability impact employment?

Functional Limitation Notes:

(See Chapter 24)

Considerations:

| | |
|------------------------------|---|
| Communication: | Ability to understand instructions given; is communication unintelligible to non-family members or is applicant unable to read or understand any written material or instructions due to disabling condition? |
| Interpersonal Skills: | Is behavior considered offensive, unpredictable or explosive; does the applicant demonstrate behavior which poses a danger to self and others; does the applicant have a disfigurement or deformity so pronounced as to cause social rejection or is the applicant unable to respond appropriately to supervision or to respond appropriately to co-workers or the public? |
| Mobility: | Ability to evacuate from a building in less than three minutes without assistance; ability to climb one flight of stairs without pause; ability to walk 100 meters without pause; does applicant require assistive devices (cane, canes for the blind, crutches, prosthesis, walker, wheelchair) to be mobile or is applicant unable to travel to and from worksite (including accessing public transportation) without assistance? |
| Self-Care: | Is applicant unable to perform activities of daily living without assistance (i.e., personal hygiene tasks, dress self, prepare own meals etc.)? |
| Self-Direction: | Is applicant unable to tell time, manage time, and/or stay on task without assistance; unable to perform work outside a sheltered environment; unable to |



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provide informed consent for life issues without the assistance of a court appointed legal representative or guardian; or has been declared legally incompetent or is applicant unable to understand rights or responsibilities in judicial or other proceedings even with utilization of an interpreter?

Work Skills:

Is applicant unable to perform several types of work tasks (regardless of training) due to disabling condition or is applicant unable to perform work tasks outside a sheltered environment?

Work Tolerance:

Is applicant unable to perform sustained sedentary work for more than 4 hours per day?

Functional Limitation Notes (cont.) - Provide details or describe other similar skills deficits:
(See Chapter 24)



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Special Programs

| | | |
|--|---|---|
| <input type="checkbox"/> Agribility | <input type="checkbox"/> ASL Needed | <input type="checkbox"/> Aspire |
| <input type="checkbox"/> Choose to Work | <input type="checkbox"/> Client is seeking sub-minimum wage | <input type="checkbox"/> Deaf and Blind |
| <input type="checkbox"/> Developmental Disability Council | <input type="checkbox"/> DSPD | <input type="checkbox"/> Mental Health Agency |
| <input type="checkbox"/> One-Stop Center | <input type="checkbox"/> Probation/Parole | <input type="checkbox"/> SSA |
| <input type="checkbox"/> SWI | <input type="checkbox"/> UCAT | <input type="checkbox"/> UDOWD |
| <input type="checkbox"/> Utah Work Incentive Planning Services | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> None |

Individuals, Agencies, and Other Entities Participant Has Been Referred To and Other Service Providers and Funding Sources Providing Services or Funding to Participant

| | | |
|--|--|---|
| <input type="checkbox"/> 14(c) Certificate Holders | <input type="checkbox"/> Adult Education and Literacy Programs | <input type="checkbox"/> American Indian VR Services Program |
| <input type="checkbox"/> Centers for Independent Living | <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Community Rehabilitation Programs |
| <input type="checkbox"/> Consumer Organizations or Advocacy Groups | <input type="checkbox"/> Day Care Provider Programs | <input type="checkbox"/> DOL Employment and Training Service Programs for Adults, Dislocated Workers, and Youth |
| <input type="checkbox"/> Educational Institutions (elementary/secondary) | <input type="checkbox"/> Educational Institutions (postsecondary) | <input type="checkbox"/> Employers |
| <input type="checkbox"/> Employment Programs | <input type="checkbox"/> Energy Assistance Programs | <input type="checkbox"/> Extended Employment Providers |
| <input type="checkbox"/> Faith Based Organizations | <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Housing Programs |
| <input type="checkbox"/> Intellectual and Developmental Disabilities Providers | <input type="checkbox"/> Medical Health Provider (Public or Private) | <input type="checkbox"/> Mental Health Provider (Public or Private) |
| <input type="checkbox"/> Other One-stop Partner | <input type="checkbox"/> Other Sources | <input type="checkbox"/> Other State Agencies |
| <input type="checkbox"/> Other VR State Agencies | <input type="checkbox"/> Other WIOA-Funded Programs | <input type="checkbox"/> Programs for Older Individuals Who Are Blind |
| <input type="checkbox"/> Public Housing Authority | <input type="checkbox"/> Self-referral | <input type="checkbox"/> Social Security Administration (Disability Determination Service or District office) |
| <input type="checkbox"/> State Department of Correction/Juvenile Justice | <input type="checkbox"/> TANF Program and Food Stamp Programs | <input type="checkbox"/> Transportation Programs |
| <input type="checkbox"/> Veteran's Benefits Administration | <input type="checkbox"/> Veteran's Health Administration | <input type="checkbox"/> Wagner-Peyser Employment Service Program |
| <input type="checkbox"/> Welfare Agency (State or local government) | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Other |



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Barriers to Employment

| | |
|---|---|
| Foster Care Youth | <input type="checkbox"/> Currently in foster care <input type="checkbox"/> Has never been in foster care <input type="checkbox"/> Previously in foster care |
| Ex-Offender | <input type="checkbox"/> Currently or has been an offender <input type="checkbox"/> Has never been an offender |
| Low Income | <input type="checkbox"/> Is a foster child on behalf of whom State or local government payments are made <input type="checkbox"/> Is a member of a household that receives Food Stamps within the last 6 months <input type="checkbox"/> Is an individual with a disability whose own income meets the above criteria but whose family does not meet the income criteria <input type="checkbox"/> Is not low income <input type="checkbox"/> Qualifies as a homeless individual <input type="checkbox"/> Received an income, or is a member of a family that received a total family income that per family size does not exceed the higher of the poverty line or 70 percent of the lower living standard income level within the last six months <input type="checkbox"/> Receives, or is a member of a family which receives, cash payments under a federal, state or local income-based public assistance program |
| English Language Learner | <input type="checkbox"/> Does not have limited English skills <input type="checkbox"/> Has limited ability in speaking, reading, writing or understanding the English language because English is not the native language and/or the individual lives in a family or community where a language other than English is dominant |
| Basic Skills Deficient/Low Levels of Literacy | <input type="checkbox"/> Computes, reads, writes, or speaks English below 8th grade level <input type="checkbox"/> Not Basic Skills Deficient <input type="checkbox"/> Unable to compute or solve problems, read, write, or speak English at a level necessary to function on the job, in their family, or in society |
| Cultural Barriers | <input type="checkbox"/> Cultural barriers do not inhibit ability to work <input type="checkbox"/> Cultural barriers inhibit ability to work |
| Single Parent | <input type="checkbox"/> Not a single parent <input type="checkbox"/> Single parent with dependent child under 18 |
| Displaced Homemaker | <input type="checkbox"/> Is a displaced homemaker <input type="checkbox"/> Not currently a displaced homemaker |
| Migrant and Seasonal Farmworker | <input type="checkbox"/> At least 50 percent income is part-time farm work <input type="checkbox"/> Both income and distance conditions apply <input type="checkbox"/> Distance does not allow for daily return to home <input type="checkbox"/> Not a migrant or seasonal farmworker <input type="checkbox"/> Not Available |